



## Executive Council of Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners  
Texas Board of Occupational Therapy Examiners  
Voice: 512/305-6900

[www.ptot.texas.gov](http://www.ptot.texas.gov)

333 Guadalupe, Suite 2-510  
Austin, Texas 78701-3942  
Fax: 512/305-6951

### **Restoration of a Texas PT or PTA License** as per §341.6. License Restoration

You must restore your license if it has been expired for one year and less than five years. The original expiration date of a restored license will be adjusted so that the license will expire at the end of the applicants' birth month at least two years after the month of restoration. If you do not have a current license in another state, and your license has been expired 5 years or more, you must apply for a new license and take the national examination.

1. If you are currently licensed in good standing in another state, district, or territory of the U.S. you must submit:

- a completed restoration application form;
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, [www.ptot.texas.gov/page/PT-JAM](http://www.ptot.texas.gov/page/PT-JAM);
- verification of licensure from all states in which you hold or have held a license; and
- the restoration fee (currently the same as the renewal fee).

2. If you are NOT currently licensed in another state, district or territory of the U.S. you must submit the following based on how long your Texas license has been expired.

#### **Expired 1 - 5 years**

- a completed restoration application form;
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, [www.ptot.texas.gov/page/PT-JAM](http://www.ptot.texas.gov/page/PT-JAM);
- verification of licensure from all states in which you have held a license;
- the restoration fee (currently the same as the renewal fee); and one of the following:
  - **PT**
    - completion of an advanced degree in PT within the last five years;
    - 480 hours of Supervised Clinical Practice and 30 CCUs\*, (SCP/CC); or
    - a retake score report showing a passing score on the national examination.
  - **PTA**
    - completion of an advanced degree in PT within the last five years;
    - 320 hours of Supervised Clinical Practice and 20 CCUs\*, (SCP/CC); or
    - a retake score report showing a passing score on the national examination.

\* Required CCUs must be board-approved, include 2 CCUs for the *Jurisprudence Assessment Module (TX JAM)*, and taken within the previous 24 months.

**Expired 5 years or more – DO NOT SUBMIT THIS FORM.** You must submit:

- the initial license application (available for download at [www.ptot.texas.gov](http://www.ptot.texas.gov));
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, [www.ptot.texas.gov/page/PT-JAM](http://www.ptot.texas.gov/page/PT-JAM);
- verification of licensure from all states in which you have held a license;
- the restoration fee (currently the same as the renewal fee); and
- a retake score report showing a passing score on the national examination (required for PT and PTA).



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## APPLICATION FOR LICENSE RESTORATION

Restoration method: ☐ Current license in another state ☐ SCP/CC ☐ Advanced Degree ☐ Exam

Printed Name: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

All other previous last names: \_\_\_\_\_

State(s) in which you currently hold/have held a license: \_\_\_\_\_ License No.: \_\_\_\_\_

### EMAIL ADDRESS:

#### RESIDENTIAL ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

#### MAILING ADDRESS (optional)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### BUSINESS ADDRESS

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ Phone No. with area code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attach a recent 2 x 2 inch  
color photograph of yourself  
here.

A clear head and shoulders  
pose is required.

Photocopies or computer  
printouts are NOT accepted  
and will delay your  
application.

**DO NOT FOLD PHOTO.**

### SELECT ONE OF THE ABOVE AS ADDRESS OF RECORD: Business Home Mailing (circle one)

*By signing this form, I attest that all information in this application is true, and that I understand that providing false or incorrect information is a violation of the PT Practice Act and may subject me to the penalties set forth in the Act. I also attest that since my license expiration:*

☐ I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other, that has not been reported to the Board as part of this application.

☐ No other state or nation has taken an action to suspend or revoke my license to practice physical therapy that has not been reported to the Board as part of this application.

☐ One of the above actions has happened, and I am enclosing the official documentation describing the action for the Board's review.

**Applicant's Signature**

**Date**

Fees Received: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

### HISTORY OF LICENSURE

Enter the following information for **ALL** states, jurisdictions or countries in which you have ever held a physical therapy license (or been authorized to practice physical therapy if licensure was not required). If you do not know the license number or the associated dates, you may leave those entries blank. **YOU MUST HAVE A VERIFICATION OF LICENSURE SENT FROM EACH STATE IN WHICH YOU HAVE A CURRENT LICENSE AND/OR HAVE PREVIOUSLY HELD A LICENSE.** One of those must be a current active license for you to be eligible for restoration of your Texas license without submission of other items.

STATE/COUNTRY	LICENSE/REG. NO.	DATE ISSUED	EXPIRATION DATE